



# Persian Gulf Review

Vol. 1, NO.3

*Information for Veterans Who Served in Desert Shield/Storm*

September 1993

## Secretary Brown Establishes "Blue Ribbon" Panel; Group Met in May to Consider Medical Problems Faced by Persian Gulf Veterans

Because of continuing concerns about the possible health effects of military service in the Persian Gulf, on March 30, 1993, Secretary of Veterans Affairs Jesse Brown announced that he established a "blue ribbon" panel of experts to examine these concerns, including multiple chemical sensitivity, chronic fatigue syndrome, and post-traumatic stress disorder.

Announcing his action Secretary Brown said, "While most of the Persian Gulf veterans we are treating have health problems no different from those of other veterans, a number of them have conditions that may be related to Gulf service which, so far, have eluded diagnosis. I am determined that VA discover exactly just what is causing these problems and develop treatment approaches to help these veterans."

The "blue ribbon" panel, formally known as the "Persian Gulf Expert Scientific Panel," was composed of experts in environmental and occupational medicine and related fields from both government and the private sector, as well as officials from veterans service organizations.

On May 7, 1993, the expert panel met in Washington, DC to review a variety of health issues related to the diagnosis, treatment and research of Persian Gulf-related health conditions. The meeting was opened to the public and received considerable attention in the news media.

Susan H. Mather, M.D., M.P.H., Assistant Chief Medical Director for Environmental Medicine and Public Health, VA Central Office, chaired the panel.

Other panel members were Rebecca Bascom, M.D., Associate Professor of Medicine, University of Maryland; Eula Bingham, Ph.D., Professor Environmental Health, University of Cincinnati Medical College; General Ronald R. Blanck, Commander, Walter Reed Army Medical Center; O.J. Brooks, Deputy National Service Director, Disabled American Veterans; Turner Camp, M.D., Medical Consultant, Veterans of Foreign Wars of the United States; Richard Christian, Deputy Director, National Veterans Affairs and Rehabilitation Division, The American Legion; Colonel Rick Erdtmann, Chief, Preventive Medicine Consultants' Division, Office of Surgeon General, U.S. Army; and Matthew J. Friedman, M.D., Ph.D., Professor of Psychiatry and Pharmacology, Dartmouth Medical School.

Additional panel members were Richard A. Griesemer, D.V.M., Ph.D., Deputy Director, National Institute of Environmental Health Sciences; Harry C. Holloway, M.D., Professor of Psychiatry and Neural Science, Deputy Dean of Uniformed Services University of the Health Sciences; Han K. Kang, Dr.P.H., Director, Environmental Epidemiology Service, VA; Howard M. Kipen, M.D., M.P.H., Associate Professor, Department of Environmental and Community Medicine, Robert Wood Johnson Medical School; Claudia S. Miller,

### Secretary Brown's comments to the "blue ribbon" panel regarding VA's responsibility to help Persian Gulf veterans:

We have an obligation. It is not only, in my judgment, a moral obligation. It is a legal obligation to ease the pain and suffering of the men and women who answered our nation's call during a time of national emergency or need. We must do everything that we can to find the answers which will allow our sons and daughters to return to their rightful place in our society so that they, too, can live a full and productive life.



Secretary. Jesse Brown

One of the areas that I'm very concerned about is that we learn from history, that we do not make the mistakes of the past. This must not become another Agent Orange or radiation exposure controversy. We must be proactive in every sense of the word to identify what the problems are and find solutions to those problems, so we can minimize the adverse impact on the people who are affected.

(A combat-disabled Vietnam veteran, Jesse Brown was sworn into office as Secretary of Veterans Affairs in January 1993. He directs the second largest department in the federal government. He is the second person to serve in this office since VA became a cabinet department in March 1989. Prior to joining VA, Mr. Brown served more than 25 years with the Disabled American Veterans. He had served as that organization's executive director since 1989.)

M.D., M.S., Assistant Professor, Environmental and Occupational Medicine, University of Texas Health Science Center; William C. Reeves, Chief, Viral Exanthems and Herpes Viral Branch, Centers for Disease Control; Gary Roselle, M.D., Chief, Medical Service, VA Medical Center, Cincinnati; and Edward J. Young, Chief of Staff, VA Medical Center, Houston.

At the conclusion of the all day meeting, panel members individually concluded that additional review and analysis of research, education and clinical issues are essential in view of the complex scientific and medical variables associated with these conditions.

VA is examining what could be the most effective way to follow through on these issues. Among other matters, VA is considering the establishment of a permanent advisory committee to



provide additional expert information and ideas on behalf of Persian Gulf veterans.

## **Congressional Panels Focus on Persian Gulf Veterans' Concerns**

In June 1993, two subcommittees of the House Committee on Veterans' Affairs held open hearings in Washington, DC, regarding issues affecting veterans who served in the Persian Gulf.

### **Compensation Hearing**

On June 8, 1993, the Subcommittee on Compensation, Pension and Insurance held an oversight hearing on adjudication of benefits claims filed by veterans of the Persian Gulf War. R. John Vogel, Deputy Under Secretary for Benefits was the primary witness from VA. He was accompanied by Susan H. Mather, M.D., M.P.H., Assistant Chief Medical Director for Environmental Medicine and Public Health, and J. Gary Hickman, Director, Compensation and Pension Service. During the one-and-a-half hour hearing, the Subcommittee also received testimony from representatives of the Disabled American Veterans, the American Legion, and the Vietnam Veterans of America.

Mr. Vogel described the mechanics of the claims process. He explained that of the approximately 657,000 active duty military service members and activated National Guard and Reserve unit members who served in the Persian Gulf War, 230,792 are now veterans who have been discharged from the military.

Mr. Vogel noted that VA has centralized the processing of all disability and death claims based on exposure to environmental hazards in the Persian Gulf to the VA Regional Office, Louisville, Kentucky. This centralized claims processing is allowing rating specialists in Louisville to gain experience and develop further expertise in evaluating these claims, according to Mr. Vogel. He added that the centralization also makes it easier to identify patterns and common health problems among Persian Gulf veterans.

Mr. Vogel reported that, as of April 19, 1993, VA had received about 18,000 claims from these veterans or their survivors. Nearly 5,000 individuals are receiving benefits and about 5,200 claims are still pending. He reported that approximately 1,800 claims have been received from Persian Gulf theater veterans alleging that their disabilities are the result of environmental hazard exposure. The Louisville Regional Office indicated that veterans filing these claims most frequently relate their disabilities to exposure to oil well fires or smoke, vaccinations or medications, chemicals and paints, or insect bites or parasites. The primary conditions claimed are lung and upper respiratory problems, skin disorders, and digestive conditions.

Mr. Vogel testified that of the 403 claims from veterans for possible environmental hazard-related conditions that have been reviewed, 35 had been granted service-connection for their disabilities as of June 1, 1993. Service-connection could not be established for some veterans because a disability was not shown by evidence of record, including service medical records or VA examination. Furthermore, some veterans who may have suffered from acute problems had no chronic disability.

Mr. Vogel noted that VA has experienced delays in adjudicating claims for a few veterans because doctors have been unable to assign diagnoses in some instances. Delays were also encountered in obtaining service medical records for some claims, particularly if the veteran is still a member of the active reserves. The Louisville Regional Office has designated individuals to act as liaisons between reserve units and VA.

Mr. Vogel explained that VA is maintaining a registry of individuals who served in the Persian Gulf War and who apply for VA

care or services, file a claim for compensation based on any disability that might be associated with this service, die and are survived by a spouse, child or parent who files a claim for dependency and indemnity compensation based on this service, request a health examination from VA, or receive a health examination from the Department of Defense and request inclusion in our registry.

The Deputy Under Secretary for Benefits concluded that the Veterans Benefits Administration needs no additional legislative action regarding this matter and that it has the necessary resources and authority to provide good and efficient service to Persian Gulf veterans and their families.

The veterans service organization witnesses indicated that improvements are needed in the VA response to Persian Gulf veterans seeking benefits. Suggestions were made regarding forms simplification, diagnostic guidelines, enhanced testing, greater coordination of care, improved training of rating specialists and adjudicators, increased funding, and more research. They reported on a variety of difficulties encountered by Persian Gulf veterans who contacted VA for assistance. One witness characterized these experiences as "horror stories." The veterans service organization representatives were generally critical of VA actions.

### **Health Care Hearing**

On June 9, 1993, the Subcommittee on Oversight and Investigations held a hearing on health concerns of Persian Gulf War

#### **About the "Review"...**

The "Persian Gulf Review" is prepared by VA's Environmental Agents Service (EAS). The "Review" is published periodically to provide information about the concerns of Persian Gulf veterans, their families, and others interested in the possible long-term health implications of exposure to various potential environmental hazards during military, service during the Persian Gulf conflict. The "Review" describes actions by VA and others to respond to these concerns.

The most recent issue of the newsletter was printed in February 1993. Additional issues will be prepared when warranted by significant developments. EAS anticipates publication 2-3 times annually. This issue of the "Review" was written in late July 1993 and does not include developments that occurred in August 1993.

Comments or questions about the content of the "Review" are encouraged. Suggestions and ideas for future issues of the newsletter should be sent to Donald J. Rosenblum, Writer/Editor, Persian Gulf Review, Environmental Agents Service (116A), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420. Requests for additional copies of this issue, should also be directed to Mr. Rosenblum. A limited supply of the February 1993 issue is also available. Please specify the number of copies requested and the issue date. VA facilities should order additional copies from the VA Supply Depot.

Questions about the Persian Gulf Registry examination program should be directed to the Environmental Physician or Persian Gulf Coordinator at the nearest VA medical center. Questions regarding VA benefit programs, including disability compensation, should be referred to a veterans benefits counselor at the nearest VA facility. The telephone numbers can be found in the telephone directory under the "U.S. Government" listings.

veterans and related issues. Unlike the brief hearing conducted the previous day, this hearing lasted more than eight hours.

One congressman and six panels of witnesses appeared before the Subcommittee. Oral testimony was received from Persian Gulf veterans, Persian Gulf veterans advocacy groups, veterans service organizations, military associations, seven physicians (including environmental health specialists), and government witnesses (from the Department of Defense and VA).

Congressman Charles T. Canady of Florida spoke about members of the Florida National Guard exposed to toxic paint fumes.

The Persian Gulf veterans who testified complained about long waiting times for registry examinations and the "mysterious" health problems they have, including memory loss, chronic joint pain, headaches, and constant fatigue which they believe may be caused by exposure to environmental hazards in the Persian Gulf. Two of these veterans reported improvements in their health after receiving treatment from Dr. Edward S. Hyman of New Orleans.

The Persian Gulf advocacy groups criticized the Department of Defense for not adequately protecting service members from various environmental hazards. They also faulted the Department of Defense and VA for not providing proper health care services.

Representatives of veterans service organizations stated that the Department of Defense and VA have failed to consider the findings of health care professionals outside of government. They recommended providing presumptive care for Persian Gulf veterans. They argued that VA lacks the capability to treat unknown illnesses.

The military associations recommended outside civilian research (with the involvement of the Department of Defense and VA) into the health problems of Persian Gulf veterans.

The environmental medicine specialists discussed their position that veterans should be treated for multiple chemical sensitivities. Dr. Hyman explained in general terms his treatment of five Persian Gulf veterans. He gave them antibiotics intravenously after he detected bacteria in their urine. Dr. Claudia Miller of the University of Texas Health Science Center at San Antonio urged research regarding multiple chemical sensitivity as a possible disease entity.

Major General Ronald R. Blanck, Commander, Walter Reed Army Medical Center, commented on the vaccines and nerve agent pretreatment administered to soldiers and their exposure to oil fires and depleted uranium. The Department of Defense (DOD) spokesperson endorsed the research effort described by Dr. Miller.

## VA Testimony

James W. Holsinger, Jr., M.D., Under Secretary for Health, was the primary VA witness. He was accompanied by Dr. Mather (described previously); Charles Flora, Associate Director, Readjustment Counseling Service; Melanie Grishman, Chief, Program Management Division, Social Work Service; Jessica Wolfe, Ph.D., Director, Women's Health Sciences Division, National Center for Post-Traumatic Stress Disorder; and Quentin Kinderman, Assistant Director for Policy and Planning, Compensation and Pension Service.

Dr. Holsinger noted that VA has moved "aggressively" to respond to the health care concerns of Persian Gulf veterans by instituting new programs and expanding existing services. He explained that these efforts include establishment of a health registry for Persian Gulf veterans, creation of special Persian Gulf Referral Centers for veterans with seemingly undiagnosable conditions, establishment of priority access for health care for Persian Gulf-related health conditions, establishment of the Persian Gulf Family Support Program, and augmentation of the VA readjustment counseling program.

The Under Secretary for Health testified that as of March 31, 1993, VA had provided outpatient treatment to nearly 73,000 Persian

Gulf theater veterans and provided inpatient services to over 4,500 theater veterans. While it is not clear whether their conditions are related to service in the Persian Gulf, a comparison of VA treatment records of both theater and non-theater Persian Gulf era veterans shows no significant difference in the major categories of diagnoses except in the category of adjustment disorders, including post-traumatic stress disorder (PTSD).

Dr. Holsinger reported that as of May 31, 1993, 26 veterans had been admitted to the Persian Gulf Referral Centers for diagnostic workup. These special centers were established by VA to help Persian Gulf veterans who are having medical problems for which there appeared to be no logical explanation. He indicated that examination of these veterans by the referral center staff indicated no common pattern of conditions. Diagnoses have included such a wide range of conditions as possible chemical hypersensitivity with etiology unknown, pernicious anemia, chronic fatigue syndrome, Cogan's syndrome, giardiasis and reactive airways (or asthma).

Dr. Holsinger said that through May 1993, VA vet centers have seen about 35,000 Persian Gulf war veterans. He noted that in 1991, VA's Readjustment Counseling Service hired 84 temporary counselors, who provided outreach and counseling for Persian Gulf veterans. Forty of these counselors worked during Fiscal Year 1992 and will be maintained through 1994.

Readjustment Counseling Service is currently carrying out a prospective study in collaboration with VA's National Center for PTSD to assess the impact of wartime duty on readjustment and other aspects of psychological functioning. Dr. Holsinger indicated that the results of the initial phase of the study and a six-month follow-up effort suggest that early availability of readjustment counseling at vet centers and the vigorous system-wide outreach campaign by vet center counselors helped to ease the transition for many veterans when psychological distress was presented. An eighteen-month final follow-up survey should provide additional information.

Dr. Holsinger reported that the VA National Center for PTSD is conducting additional longitudinal studies. The largest of these studies is the Fort Devens, Massachusetts, survey of returning Persian Gulf troops. The initial survey results of 3,000 Persian Gulf veterans deployed from Fort Devens in April and July 1991, indicated that 3.2 percent of males and 9.6 percent of females reported PTSD symptoms. At eighteen months, 9.4 percent of males and 19.8 percent of females reported such symptoms.

Dr. Holsinger indicated that the data from all VA studies show that about ten percent of the veterans surveyed experience some level of PTSD symptoms. The data also indicate that PTSD is more prevalent among females and non-whites.

According to the Under Secretary for Health, as of May 1, 1993, 627 Persian Gulf veterans had received family counseling services through the VA's Persian Gulf Family Support Program. Of the Persian Gulf family members who have been seen, 77.2 percent were spouses/partners, 12.3 percent were children, and 10.5 percent were siblings, parents, and grandparents. The major problems among these families included depression and stress, alienation among family members, marital dissatisfaction, and employment problems.

Regarding the VA's Persian Gulf Veterans Health Registry, Dr. Holsinger reported that as of March 31, 1993, approximately 4,000 examinations had been completed and entered into the computerized portion of the registry program.

Health examinations for the registry are comprehensive and consist of a series of baseline laboratory tests (chest x-rays, blood counts, blood chemistries, enzyme tests, and urinalysis). Other tests are provided when medically indicated. VA physicians discuss the results of the examination with each veteran, and follow-up letters are sent from the examining physician communicating examination findings and any medical recommendations.

Dr. Holsinger indicated that a review of the first 1,404 registry examination program participants shows that common complaints were fatigue, skin rash, headache, loss of memory, muscle/joint pain, shortness of breath, cough, diarrhea, and chest pain. A wide range of medical conditions were diagnosed among the participants. Prevalence of chronic PTSD among those who received the registry examination has been low (2.6 percent). Veterans with symptoms or with medical diagnoses did more frequently report having been in contaminated areas, in a smoky area, having been enveloped in smoke, or eating/drinking contaminated foodstuff than veterans without symptoms or medical diagnoses.

The registry can serve as a useful resource for surveillance of health problems and any common experience(s) during the deployment. The data collected may also help to generate a hypothesis for in-depth analytical study. VA is updating registry addresses annually to maintain the registry as a valuable outreach mechanism and to update participants on health care, compensation, and scientific issues.

Dr. Holsinger noted that VA is closely working with other government entities involved in Persian Gulf issues. VA has played an active role in interagency committees, including the DOD's Kuwait Oil Fires Health Effects Working Group and the Department of Health and Human Services' Kuwait Working Party. DOD has provided VA with an automated roster of approximately 657,000 military personnel who served in the Persian Gulf theater. VA will use this roster for research, health surveillance, and cross-reference purposes. VA is closely cooperating with the DOD in providing for a special five-year health surveillance of American military personnel injured when the tanks they were in were struck by armaments containing depleted uranium. VA is cooperating with the congressional Office of Technology Assessment, which is evaluating both VA and DOD registries.

Dr. Holsinger also reported on the efforts of the "blue ribbon" panel discussed on the first page of the "Review." He briefly described VA/DOD joint efforts to enter into an agreement with the National Academy of Sciences' Medical Follow-Up Agency (MFUA) under which the MFUA would review existing scientific, medical, and other information on the possible health consequences of Persian Gulf service and conduct epidemiologic research on veteran and military populations.

Several members of the Subcommittee expressed disappointment with the VA's performance to date in serving the needs of Persian Gulf veterans. They cited delays in getting examinations, the small number of veterans who had received the registry examination and the small number of veterans sent to referral centers, the delay in an agreement with the National Academy of Sciences, and the perception that VA thinks that veterans' problems are all in their heads among other criticisms.

## **VA Seeks Special Health Care Authority for Persian Gulf Veterans**

On June 21, 1993, Secretary of Veterans Affairs Jesse Brown submitted to Congress legislation that would authorize special priority medical treatment for Persian Gulf veterans for disabilities which may have resulted from exposure to environmental or chemical contaminants during service in the Persian Gulf area. "Those veterans who served in the Persian Gulf should receive the same level of care as those who served before them in other wars," Secretary Brown declared. "Moreover, it is prudent for VA to provide care and treatment for disabilities possibly related to exposure to contaminants before those disorders become more disabling than they are now," Secretary Brown added.

In 1981, Congress enacted special authority to allow VA to treat veterans for disorders which may have been related to exposure to Agent Orange or ionizing radiation even though there was not definitive evidence that the disorders treated were related to the exposure. Secretary Brown urged Congress to extend the authority to Persian Gulf veterans who were exposed to toxic environmental and chemical contaminants during their military service.

The legislation would provide VA with the same authority to furnish hospital and nursing home care to Persian Gulf veterans exposed to toxic substances that now exists for treatment of persons exposed to Agent Orange or ionizing radiation. To be eligible for care under this legislation, a veteran must have served on active duty in the Persian Gulf area during the Persian Gulf War, and the Secretary must find that the individual may have been exposed to a toxic substance during such service.

The bill would direct VA to furnish care for any disability even though there may be insufficient medical evidence to conclude that the disability may be associated with such exposure. The proposed legislation would require VA to provide needed hospital and nursing home care.

VA estimates that enactment of the draft bill would result in costs of approximately \$900,000 over five fiscal years.

"Our first priority must be the treatment of any veterans who are suffering today," Secretary Brown said. "We are committed to an active research program as well, but veterans cannot wait years for help."

## **VA Persian Gulf Registry Serves Thousands of Veterans**

More than 8,000 veterans have completed the VA Persian Gulf Registry medical examination designed to help individuals who served on active military duty in Southwest Asia during the Persian Gulf War between August 2, 1990 and the termination date of the War (date not yet established).

The establishment of this registry will also assist VA to identify possible adverse health conditions which may result from service of U.S. military personnel in certain areas. This includes service in one or more of the following areas: (1) Iraq, (2) Kuwait, (3) Saudi Arabia, (4) the neutral zone (between Iraq and Saudi Arabia), (5) Bahrain, (6) Qatar, (7) the United Arab Emirates, (8) Oman, (9) Yemen, (10) the Gulf of Aden and Oman, and (11) the waters of the Persian Gulf, Arabia Sea, and Red Sea.

Adverse health conditions may be due to diseases endemic to the area or to other factors such as pollutants from the Kuwaiti oil fires, for example, carbon monoxide, sulfur oxides, hydrocarbons, particulate matter, and nitrogen oxides. These factors, singly or in combination, may cause chronic as well as acute health problems, and include, but are not limited to the following conditions: (1) chronic bronchitis, (2) chronic obstructive pulmonary disease, (3) pulmonary emphysema, (4) bronchial asthma, and (5) lung cancer.

In addition to the possible adverse health effects of exposure to oil, smoke, and other petrochemical agents, Persian Gulf veterans may report a wide variety of other diseases/exposures as a result of Persian Gulf service. These include, but are not limited to, such exposures or diseases as: (1) sand flies, (2) microwaves, (3) depleted uranium, (4) inoculations, and (5) contaminated food and drink obtained in the Persian Gulf.

Symptoms include, but are not limited to, the following: (1) gastrointestinal problems, (2) flu-like conditions, (3) joint pains, (4) hair loss, (5) thickened saliva, (6) loose teeth, (7) sore gum, and (8) muscle soreness.

Eligible Persian Gulf veterans are encouraged to participate in the voluntary registry examination program offered at all VA medical centers. A complete medical history, physical examination, and interview are performed and documented in the veteran's medical record.

Physicians who perform the examination pay particular attention to the following diagnoses which may be associated with Persian Gulf service: (1) chronic laryngotracheitis, (2) other and unspecified diseases of the upper respiratory tract, (3) bronchopneumonia, organism unspecified, (4) chronic bronchitis, (5) emphysema, (6) asthma, (7) bronchiectasis, (8) chronic airway obstruction, not elsewhere classified, (9) pneumoconiosis due to other silica or silicates, (10) pneumoconiosis, unspecified, (11) chronic respiratory conditions due to fumes and vapors, (12) respiratory conditions due to unspecified external agent, (13) unspecified chronic respiratory disease, (14) typhoid fever, also carrier- V02.1, (15) amoebiasis, (16) giardiasis, (17) tuberculosis, (18) brucellosis, (19) sandfly fever (phlebotomus fever), (20) viral hepatitis, (21) Brill's disease (recrudescent typhus), (22) malaria, (23) leishmaniasis, (24) schistosomiasis (bilharziasis), and (25) toxoplasmosis.

In gathering these data, the examiner determines and records: (1) the time of onset of the symptoms or conditions, (2) the intensity, (3) the degree of physical incapacitation, and (4) the details of any treatment received.

Each veteran is given the following baseline laboratory studies: (1) chest x-ray (if one has not been done within the past six months), (2) complete blood count, (3) SMA-6, SMA-12, or equivalent blood chemistries and enzymes studies, and (4) urinalysis. Appropriate additional diagnostic studies are performed and consultations obtained as indicated by the patient's symptoms and the physical and laboratory findings. The results of the examination are included in the veteran's consolidated health record.

VA physicians are aware of and sensitive to the needs of women Persian Gulf veterans who were (1) raped, (2) otherwise sexually assaulted, (3) sexually harassed, or (4) combatants during military service. Such experiences can lead to long-term psychiatric and psychosomatic difficulties. When such problems are detected, appropriate counseling and psychotherapy is provided.

The Environmental Physician (or designee), responsible for the clinical management of the registry at the medical center, discusses with each veteran the results of his or her physical examination, completed diagnostic studies, and laboratory results which are available when the physical examination is complete. The interview is conducted in such a way as to encourage the veteran to discuss any health concerns, as well as concerns expressed by family members. This discussion and the follow-up letter, sent to each veteran to further describe the veteran's condition, are also documented in the veteran's permanent health record.

The results of each veteran's examination are also summarized on a code sheet and combined with records of other veterans at the VA's Austin Automation Center to help researchers to get useful data about the problems experienced by Persian Gulf veterans.

## VA Persian Gulf Exhibits Designed to Increase Awareness of Registry, Other VA Programs

The VA Central Office Exhibits Section recently completed and put into use two Persian Gulf exhibits. The exhibits are designed to heighten awareness of the VA response to the varied concerns of Persian Gulf veterans. The exhibits mention research, examinations, treatment, counseling, and disability compensation. The exhibits highlight the Persian Gulf Registry program. Persian Gulf veterans are encouraged to contact the nearest VA medical center for information about this medical examination program.

The first public display of the two exhibits was during Public Service Recognition Week in early May. Significant crowds viewed the exhibits on the National Mall in Washington, DC. The response was quite positive. The exhibits have been displayed in several other sites in recent months.

The two exhibits are similar, but they are being used for different purposes. The table top model is portable and can be carried to meetings and set up in about five to ten minutes. It weighs about 15 pounds. The height is 40"; length, 5'6"; and depth, 22". The exhibit number is E-92-1738T. The exhibit is ideal for a one-day meeting. It is often used in conjunction with the "Persian Gulf Review" newsletter.

The other exhibit stands 7'6" high. It is 118' in length and 40' in depth. The exhibit weighs 1200 pounds. It is shipped in 3 large crates, and set up requires 1-2 hours. The exhibit number is E-92-1738, that the same number as the table top exhibit minus the

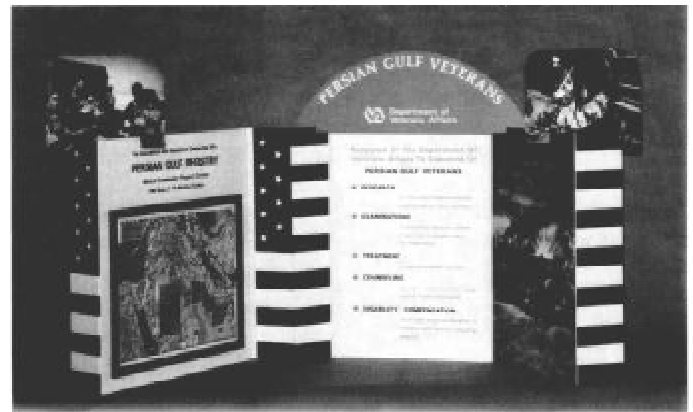


Table Top Exhibit



Room-Sized Exhibit

"T". Obviously, the large exhibit is most appropriate for large meetings, conferences, or conventions lasting several days. The large exhibit has a pocket for the "Review".

Three copies of the table top version and two copies of the large exhibit were constructed. VA field stations requesting either exhibit should submit VA Form 3-2757, Request for Exhibit Presentation to the Environmental Agents Service (116A), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420, as early as possible. The Environmental Agents Service will forward the request to the Exhibits Section. That office needs to have the request for the large exhibit a minimum of 30 workdays in advance of the intended use. Veterans service organizations and other groups interested in the exhibits should contact the nearest VA facility to make appropriate arrangements.

## Where to Get Help

*Active duty military personnel with questions or concerns about their service in the Persian Gulf region - contact your commanding officer or call **1-800-796-9699***

*Persian Gulf veterans with concerns about their health - contact the nearest VA medical center. The telephone number can be found in the local telephone directory under Department of Veterans Affairs in the "U.S. Government" listings. A Persian Gulf Registry examination will be offered. Treatment will be provided to eligible veterans.*

*Persian Gulf veterans in need of marital/family counseling - contact the nearest VA medical center or VA vet center.*

*Persian Gulf veterans interested in learning about the wide range of benefit programs administered by VA - contact a veterans benefits counselor at the nearest VA regional office or health care facility, or call **1-800-827-1000**.*

*Note: Representative of veterans service organizations, including the American Legion, Veterans of Foreign Wars of the United States, Disabled American Veterans, etc., may also be very helpful to Persian Gulf veterans.*

# Persian Gulf Review



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